

EXHIBIT 45

[Filed Under Seal]

From: Nalley, Michael
Sent: Friday, May 3, 2013 1:28 PM
To: Lappin, Harley
Subject: FW: CIB - CONTRACT FACILITY MONITORING FINAL REPORT
Attachments: CIB_CFM19.docx

From: Linda Thomas [mailto:lsthomas@bop.gov]
Sent: Friday, May 03, 2013 10:53 AM
To: Nalley, Michael
Subject: Fwd: CIB - CONTRACT FACILITY MONITORING FINAL REPORT

Mike,

During the recent CFM review at Cibola, the facility was found to have 41 deficiencies.

This breakdown is as follows:

Health Services

One (1) repeat repeat deficiency
Two (2) repeat deficiencies
Fourteen (14) deficiencies

Correctional Programs

One (1) repeat deficiency
Two (2) deficiencies

Information Security

Three (3) deficiencies

Education

One (1) deficiency

Safety

Fourteen (14) deficiencies

Correctional Services

One (1) deficiency

Food Services

Two (2) deficiencies

Linda

>>> BOP-CCD/PFA Sector 1~ 5/2/2013 2:08 PM >>>

U.S. Department of Justice

Federal Bureau of Prisons

PROGRAM REVIEW DIVISION

Washington, D.C. 20534

May 2, 2013

MEMORANDUM FOR LEE VAUGHN, WARDEN
CIBOLA COUNTY CORRECTIONAL CENTER
MILAN, NEW MEXICO

/s/
FROM: Craig Coil, Core Section Chief
Program Review Division
SUBJECT: Contract Facility Monitoring Final Report
Cibola County Correctional Center

This is the report of the Cibola County Correctional Center Contract Facility Monitoring conducted April 23-25, 2013. There was one repeat repeat deficiency and three repeat deficiencies identified as a result of this monitoring.

Please ensure all deficiencies identified in this report are resolved and controls are in place to prevent recurrence. Should you disagree with any deficiencies, please forward an electronic copy of your response to the BOP-PRD/Correspondence~ GroupWise mailbox within 15 calendar days after receipt of this report. Please include any additional supporting documentation with your response. Otherwise, we will consider this contract facility monitoring officially closed.

Please thank your staff for their efforts and cooperation in preparing for and completing this monitoring. The next monitoring is scheduled to be conducted in FY 2014.

cc: BOP-ADM/Assistant Director
BOP-CPD/Assistant Director
BOP-FPI/Assistant Director
BOP-HRM/Assistant Director
BOP-HSD/Assistant Director
BOP-IPP/Assistant Director
BOP-OGC/Assistant Director
BOP-ADM/Privatized Corr Contracting
BOP-CCD/Privatization
BOP-PRD/Contract Facility Monitoring
BOP-CCD/PFA Sector 1
CCB/Oversight Mgr
lane.blair@correctionscorp.com
CIB/Warden

CONTRACT FACILITY MONITORING REPORT

CIBOLA COUNTY CORRECTIONAL CENTER

MILAN, NEW MEXICO

CONTRACT #DJB1PC-011

Conducted:

April 23-25, 2013

Approved by:

Sara M. Revell
Assistant Director
Program Review Division
Washington, DC

May 2, 2013

SCOPE OF REVIEW

The monitoring was a comprehensive examination of the Cibola County Correctional Center's operations with attention given to vital functions identified in the Contract Performance Requirements Summary Table.

BACKGROUND INFORMATION

Cibola County Correctional Center (CCCC) is a contractor owned and operated low security correctional facility for federal inmates. The majority of the population is sentenced criminal aliens. This facility currently houses approximately 1520 inmates.

Lee Vaughn is the warden. Betty Judd and Don Russell are the associate wardens.

GENERAL COMMENT

There are inconsistencies in the forms used for chronic care clinics. Previously used forms were modified and not all pertinent information is included.

FINDINGS

CORRECTIONAL PROGRAMS

Repeat Deficiency

- Apparent program needs of the inmates are not always identified, stated in measurable terms, and reviewed at subsequent teams. (SOW; P5322.12; CCA 18-100)

Deficiencies

- VWP notifications were not completed in accordance with policy. (P1490.06)
- Signed Acknowledgement forms (BP-408s) are on file, but four were not completed as per policy. (P5290.15)

CORRECTIONAL SERVICES

Deficiency

- Not all acts covered by criminal law were referred to appropriate law enforcement officials for possible prosecution. (SOW)

EDUCATION

Deficiency

- Inappropriate SENTRY group codes are being used for enrollments/completions. (P5353.01)

FOOD SERVICES

Deficiencies

- A food service safety and sanitation inspection revealed:
 - a) Food service personnel were not providing services in a safe and sanitary environment to prevent cross contamination.
 - b) Cold foods were not maintained at temperatures that would allow for safe human consumption.
(CCA 11.1)

HEALTH SERVICES

Repeat Repeat Deficiency

- Inmates arriving at the institution with positive PPDs were not receiving follow-up and treatment as per policy.
(CCA 13-47; P6190.03; BOP Clinical Practice Guidelines)

Repeat Deficiencies

- Not all inmates placed in an observation room were in compliance with observation room policy.
(CCA 13-63; BOP Clinical Practice Guidelines; P6031.03)
- Health appraisals were not conducted as per policy.
(CCA 13-40; P6360.01)

Deficiencies

- Review of Diabetes clinics revealed the following:
 - a) Foot examinations are not always documented.

- b) Documentation in the SOAPE format is incomplete.
(BOP Clinical Practice Guidelines; P6031.03)
- Documentation in the SOAPE format was incomplete in all cases in the hypertension clinics.
(BOP Clinical Practice Guidelines)
- Review of the Pulmonary clinics revealed the following:
 - a) Documentation in the SOAPE format is incomplete.
 - b) Baseline chest x-rays were not done in two cases.
(BOP Clinical Practice Guidelines; P6031.03)
- Evaluation, treatment, and counseling were not completed as per policy in the HIV clinics.
(BOP Clinical Practice Guidelines; P6031.03)
- Review of the Hepatitis C clinics revealed the following:
 - a) Evaluation to determine if inmates meet criteria for treatment are not completed.
 - b) Evaluations do not include a targeted physical examination.
 - c) Immunizations are not in accordance with standards of care.
(BOP Clinical Practices Guidelines; P6031.03)
- Review of Lipid clinics revealed evaluations do not have complete examinations, lab ordered, and documented education.
(BOP Clinical Practice Guidelines)
- Evaluations of inmates with syphilis are not in accordance with policy.
(BOP Clinical Practice Guidelines)
- Not all Dental Health Appraisals were completed within the required time frame. (CCA 13-13)
- Not all nursing entries reflect position descriptions and nursing protocols in accordance with policy and the State Nurse Practice Act. (CCA 13-80)

- HIV classification was not entered correctly into SENTRY.
(BOP Clinical Practices Guidelines)

INFORMATION SYSTEMS AND SECURITY

Deficiencies

- A review of the file servers connected to the BOP network revealed the following:
 - a) Virus scanning is not done daily and real time anti-virus scanning is not enabled.
 - b) Virus software and definition files are not installed or current.
 - c) Protection is not loaded when the file server is turned on.
(P1237.14)

SAFETY AND ENVIRONMENTAL HEALTH

Deficiencies

- Review of biohazards revealed the following:
 - a) Biohazardous materials are not being stored in a designated holding area.
 - b) Training for hazardous materials employees has not been conducted.
(CCA 13-41; CCA 8-4; 49 CFR 17)
- Weekly inspections are not completed by trained personnel.
(ACA: 4-4329M & ACA 4-4212M)
- Current inspections are not available for the main lift.
(29 CFR 1910.68)
- Review of the procedures that govern the control and use of flammable, toxic, and caustic materials revealed the following:
 - a) Incompatible chemicals (corrosive) are being stored together.

- b) MSDS documentation is not available for all chemicals.
 - c) Chemicals used in the hobby shop (i.e., institutional dye and leather weld), have compounds that are known carcinogens.
 - d) Propane tanks and MAPP gas are not secured.
 - e) Secondary labeling is either missing or does not contain all required information.
(NFPA 30; 29 CFR 1910.1200)
- A review of lockout/tagout procedures revealed the following:
- a) Lockout isolating devices were being used for security purposes, not for lockout/tagout procedures.
 - b) Lockout devices indicate the name of the employee; however, some locks have the names of more than one employee.
 - c) Periodic inspections have not been conducted on all multi-energy source equipment.
 - d) The written plan did not outline the specific procedures for shift or personnel changes, and did not address periodic inspections.
(29 CFR 1910.147, Cibola Lockout/Tagout Program)
- Review of Respiratory Protection Program revealed the following:
- a) Specific procedures for obtaining medical clearances are not consistent with the written procedures.
 - b) N95 respirators at the Sallyport are being stored in a flammable cabinet with gas cans and other flammables.
 - c) Recordkeeping procedures for medical clearances are written, but they are not consistent with the procedures used by the facility.

d) The written plan identifies N95 respirators are to be 3M models, however, Moldex models were being stored.

(29 CFR 1910.134; Cibola Respiratory Protection Plan)

-- The annual fire alarm and smoke detector inspections were not completed in accordance with NFPA 72.
(CCA 8-6; NFPA 72, CHs 7 & 14)

REVIEWER ASSURANCE STATEMENT

As monitor-in-charge, I certify the contract monitoring was conducted in accordance with generally accepted government auditing standards. Findings of noncompliance or inadequate controls contained in the report are supported by evidence that is sufficient and reliable. The evidence is contained in the contract monitoring working papers filed in the Program Review Division.

Brian McGorty, Monitor-in-Charge
Contract Facility Monitoring Section
Program Review Division

Members of the Monitoring Team:

William A. Lee, CFM Correctional Services Examiner, PRD
Daniel De Jesus, CFM Physician, PRD
Mohammed Adil, CFM Health Services Examiner, PRD
Michael Bink, CFM Safety Examiner, PRD
Patricia Beltran, CFM Correctional Programs Examiner, PRD
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